

CERTIFICATION OF SERVICE

I hereby certify that on this date, true and correct copies of the AMENDED BANKRUPTCY FORM 121 - STATEMENT OF SOCIAL SECURITY NUMBER, reflecting Debtor's corrected full social security number was served by first class mail upon:

Ability Recovery Service
Attn: Bankruptcy
Po Box 4262
Scranton, PA 18505

Account Resolution Services
Attn: Bankruptcy
Po Box 459079
Sunrise, FL 33345

Bayview Financial Loan
Attn: Bankruptcy Dept
4425 Ponce De Leon Blvd. 5th Floor
Coral Gables, FL 33146

Caine & Weiner
Attn: Bankruptcy
5805 Sepulveda Blvd
Sherman Oaks, CA 91411

Jefferson Capital Systems, LLC
Po Box 7999
Saint Cloud, MN 56302-9617

Receivable Management Inc
7206 Hull Rd, Ste 211
Richmond, VA 23235

Trident Asset Management
Attn: Bankruptcy
Po Box 888424
Atlanta, GA 30356

Orion
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541

LVNV Funding LLC
c/o Resurgent Capital Services
PO Box 10587
Greenville SC 29603-0587

I further certify that notice of the amendment has been served by first class mail and/or electronic notice upon the Debtor, the Trustee and U.S. Trustee.

/s/ Alfonso Madrid
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